POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO									
I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).									
OR	ners associ	ated with the Cust		<u></u>			• .		
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):									
Name			Registration Number Name					Registration Number	
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as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).									
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:									
OR				<u> </u>					
Firm or Individua	al Name								
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City					State			Zip	
Country					•				
Telephone						Email	1.		
Assignee Name and Address:									
Roche Diagnostics Operations, Inc. 9115 Hague Road Indianapolis, Indiana 46250									
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.									
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee									
Signature	D. Michael Jung					Date March 22, 2006			
Name	D. Michae	I Young							
Title	Assistant	Assistant Secretary							